

The Power in our Communities

What the community sector brings and is looking for

Summary of the discussions among the community sector following the ihub event on 15 June 2021

About these discussions

On 15th June 2021, the Innovation Hub (ihub) at Healthcare Improvement Scotland held an online event – *The Power in our Communities: Catalyst for Change*. This drew together presentations about work that ihub had led and supported over the past year or so and updates on related work on ways to make social care work well for people and the learning from Covid on the contribution and impact of community responses.

The Outside the Box reports for Community Solutions are

Finding the right support:

https://otbds.org/wp-content/uploads/2021/05/Finding_the_right_support.pdf

Showing the impact:

https://otbds.org/wp-content/uploads/2021/05/Showing_the_impact-report.pdf

You can also see these and all the other reports from related work and resources from the event at: [Reports and Resources - Reports and Resources \(ihub.scot\)](#)

HIS hosted an afternoon discussion session for people in Health and Social Care Partnerships and other parts of the public sector, and Outside the Box hosted the discussion session for people in the community sector – a wide term we are using for this purpose, including voluntary organisations, community groups, social enterprises, micro businesses and others based in local areas. We had a second discussion session a few days later and the Health Social Enterprise Network hosted a session the following week.

This summary note brings together the main points from the conversations at the 3 events for the community sector. We want to thank everyone who contributed and hope you will use this as part of conversations and planning in your organisations and communities.

What does a good community led approach for health and social care look like?

“Raising our expectations of each other and of ourselves”

Building trust

The lack of trust is the biggest problem in the health and social care system and is behind many of the current problems. A community-led approach is based in and nurtures trust between all the people involved.

The experience during Covid shows the benefits when we start from a presumption of trust. People remember that communities got the support moving when the public sector couldn't.

We are open about the power imbalances that happen at so many points in the social care system. Then we start creating and using ways to reduce this and get a better balance.

Staff in HSCPs are out and meeting people in community settings, meeting and hearing from a wider range of people.

Staff in the public sector teams behave in ways that are based on trusting each other, so the community can be confident that the various departments and teams in HSCPs and other parts of the Councils and NHS are working together to benefit the community.

How services are planned and funded

Real co-production happens at every stage

There is real involvement and partnership with the community, not just consultations.

Conversations start earlier and go on throughout the stages of developing ideas, making decisions and implementing what we decide together.

When HSCPs do consult, it is the right process for the people involved and gives them long enough to give a real and considered response. If we are using technology, it is what works for people in terms of time, digital platform, support to get involved, etc – the digital equivalent of the National Standards for Community Engagement:

<https://www.scdc.org.uk/what/national-standards>

Conversations and plans start from the way the community experiences things, not from the way services are currently organised.

The system and all the practical arrangements support the aim of health and social care that works well both for people getting support and for communities

Services and plans are very local. The funding arrangements reflect this very local focus.

There is enough flexibility for HSCP staff to make it work well and to work in a community-led way. They get the training and support to do this. It is clear to all HSCP staff that this is the way everyone works and is what good professional practice looks like.

HSCPs and the community sector understand innovation and how good solutions emerge and are supported.

Commissioning for services and support is using the flexibility in the legislation and guidance.

People include and value all the community activities that are not care services but are essential to people being and staying well – meeting other people, walking and cycling, opportunities to volunteer, etc.

Systems for people working together are realistic and respect each partner's circumstances.

“Having enough time to go to the meetings, planning groups is a problem. It is good we are invited but impossible to go when there is not enough staff time to cover these and deliver the services.”

It is easy to find and get access to support

It is easy to find out about support, and once you are in touch with one person or team they help you find other support that is right for you, for example as your circumstances change.

Referral arrangements and information about services start from how people live their lives and how they see things, not from what the care system needs.

People decide who to involve in planning for their own support, in the way the legislation allows. There is respect for the role of workers and volunteers in community settings who know people and can see what could help them, as well as for families.

“A big problem is people not knowing what is there and what they are entitled to.”

“For a long time there has been too much focus on crisis responses and not enough on prevention.”

We have good conversations

We work at involving more people, especially people who are most affected by services and by gaps.

We keep checking back with the people getting support and in communities to see how things are really working.

People make sure conversations include and welcome people in all the equalities groups.

We are using learning and ideas from other places.

There is enough time to have real conversations.

“Too many short time frames. The result is the public sector is not looking far enough ahead and many community providers are having to focus on current year income.”

“There is a difference between sorting a problem that affects someone today, which should be quick, and taking time to plan for the future, which needs time to gather and reflect on ideas. But we get it the wrong way round – rush consultations and planning, taking ages to make someone’s life better. A good future is when we get both parts right.”

People understand and respect what different people and organisations contribute

HSCPS and other people across the public sector understand what all parts of the community sector can bring, including the role of smaller groups and enterprises.

Public and community sector staff respect what people in communities contribute, including peer support.

“We have moved beyond the old-fashioned, limited view of what charities do.”

Taking a longer-term view

There is a strong focus on prevention, and decisions and resources reflect that, both for overall investments and in the support that individual people get.

We have investment in social capital, building people’s skills and confidence and repeating the learning to keep bringing in more people.

People have enough time to grow into things and take on new ideas, both for people getting support and for those who are workers and volunteers.

There is real leadership

Leadership is collective, with people from communities working alongside government and public sector to set the values. The direction and delivery, and what we mean by quality across services and the system, flows from that.

There is real accountability. The legislation and guidance are clear, and organisations - Scottish Government and national bodies, as well as HSCPs - are held to account when they do not make it happen.

People are working to bring the community alongside and see this as a continuing, integral part of how they work.

People make a clear commitment to working to make all parts of the system work well. HSCPs and other public bodies cannot opt out of the quality improvement and learning aspects.

There is support for the community partners as well as HSCPs from ihub, Care Inspectorate and other systems that are there to develop and support the social care system. They can also ask the quality improvement teams into an area, as well as the HSCPs doing that

People understand what the essential rules are and where the flexibility is. This is shared among the public sector and other people, so we can work together to find solutions that work for this place and circumstances.

There is a way to pick up on concerns and questions that can affect several areas.

What support does your organisation need to deliver a community- led approach and who do you need the support from?

Respect for the range of roles and contributions

Respecting people in all the different roles that make the overall range of community support and social care work.

Respecting people's rights to get independent information and advice and to advocacy.

Including the experience and contribution of smaller care providers and of social enterprises.

- A clear arrangement in each area on whether /how the Third Sector Interface will do this for each HSCP, or also have a social enterprise contact point
- Including this in all national policy and practice developments.

Working conditions that respect workers and enable us to provide good support

Pay and conditions such as travel costs that make this a worthwhile job, including for people in rural areas or outlying parts of towns with poor transport.

Commissioning systems that enable us to make social care part of a viable local economy, part of building the wealth of the community.

Understanding the size and capacity of organisations in the community sector

Actions that reflect a real partnership, such as HSCP staff willing to come to small organisation with part-time staff, when travel time takes a lot of additional resources.

Systems for tendering and commissioning care that reflect circumstances of smaller providers as well as of bigger ones.

Better information on how smaller community organisations and providers can get access to other types of funding for delivering activities and investing in people's skills.

"Using our strengths and experience in asking people what they want and listening to them, reaching people who are less visible and not heard."

Shared understanding about what evidence is needed

Clear focus on the outcomes that care services and community supports achieve, not asking people just to record the volume of activity.

There are conversations about the best ways to describe and gather the outcomes in positive and realistic ways.

The evidence includes the preventative aspects.

HSCPs share the evidence on the outcomes of the services they deliver too.

"We already have the evidence of what works and the impacts for people who get support, and of the gaps. We can feed this into local and national policies too."

What would you like to see happen first?

This set of action points include what people in the community sector can do and what HSCPs, Scottish Government and other bodies can do:

- Now, within the current system, to make it work better now
- Actions that that open up longer-term change, such as Shadowing and other ways to build relationships and trust
- Future, bigger changes

People were clear that all these action points are needed, and that the steps that make things better now should not wait until bigger, long-term change is agreed.

Actions by community sector

Keep the momentum going, including sharing resources, knowledge, information and ideas .

Support each other to show the quality and impacts of what we do.

Improved networking and partnerships across the sector, and include smaller groups and social enterprises as part of networks and alliances.

Support people who represent voluntary organisations, community sector or social enterprises in HSCP meetings, eg a peer support network.

Be part of shadowing schemes and other shared learning with HSCPs and also across different roles in the community sector.

Continue to involve and check back more with people in communities.

Create opportunities for informal and well as formal volunteering, and looking a micro volunteering, to benefit more people and support wider community participation.

Highlight the added value and other benefits we bring, such as skills development and job creation, people who get support or come as volunteers moving on, etc

Actions by public sector, especially HSCPs

Keep the momentum going, including sharing resources, knowledge, information and ideas

Involve the community at all stages and talk to more people. Start by having the conversations about what will work for meetings etc to make it work better for the community sector

Be part of a shadowing scheme and other shared learning with the community sector

Look at how the HSCPs get advice, and advice role of ihub, Care inspectorate and other national bodies

- They should be there for community partners as well as for HSCPs
- It should not be something HSCPs can opt out of, or only happens when they invite improvement advice in
- Build in ways to pick up on concerns and questions that can affect several areas, such as ways to include supports that do not come within scope of regulated care services

Include smaller groups and social enterprises as part of networks and alliances. Check and agree a way for social enterprises to be part of planning arrangements.

Actions by other people and organisations

Include social care in conversations about Fair Work.

Improve understanding about the contribution of social care to resilient communities and Community Wealth Building.

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